Dear Applicant:

Attached you will find an application for The Bryon Wiley Memorial Scholarship Fund, formerly known as The Golden Sapphire Scorpion Scholarship Fund, of The Imperial Court of Arizona, Inc. It is most important that the application be completed honestly and completely in order that both your financial needs and civic/community contributions can be evaluated fairly. Past scholarship recipients are invited to apply as well, **with new completed application and letters.**

To be eligible for The Bryon Wiley Memorial Scholarship Fund, you must:

* Be a United States citizen or permanent resident of the United States and resident of the State of Arizona for the past 365 days and going to school in Arizona. (If permanent resident, please attach a copy of your residency card).
* Show financial need (you must submit the first 2 pages of your Federal Personal and your parent’s tax return (if applicable).
* **Must include a copy of your most recent 2024-2025 Financial Aid Award Letter from your Educational Institution.**
* Show evidence of community involvement (i.e. school, church, civic, LGBT, etc.)
* A self-identified gay, lesbian, bisexual, transgendered or straight ally (showing support of LGBT youth and/or the LGBT community).
* Planning to apply to attend, full time student (or are currently attending) a post-secondary in-state educational institution.
* Provide a current high school and/or college transcript (or GED).
* Have a cumulative GPA of 3.0 or higher.
* Attach two (2) letters of recommendation from individuals who know of your ability to be successful in your chosen field of study. **Relatives and friends cannot submit these letters**.
* Must submit a completed Bryon Wiley Memorial Scholarship Fund application and supporting documents.

**Required: You must submit the original and 1 complete copy of all information to us using the PO Box listed below. All information sent to The Imperial Court of Arizona, Inc will be strictly confidential and will not be shared outside of the Committee. We will be adding a page on our Scholarship website with name of the individual and school attending.**

Reminders: All requirements above must be met and all attachments must accompany the application or you will not be considered. Please make sure that your name appears on the top of each application page submitted. Unmarked pages will not be considered. Please paper clip all pages together, do not use a staple**.**

Applications are being accepted year round and the latest that you can apply has to be postmarked by

April 1st of each year

Mail to:

The Imperial Court of Arizona, Inc

Attn: Scholarship Committee

PO Box 7608

Phoenix AZ 85011-7608

*\* NOTE: There is no physical location to drop off applications. They must be mailed, no emails accepted.*

*\*Even though applications are accepted all year long, selection doesn’t occur until April and awarded for the following Fall Term.*

* The Imperial Court of Arizona, Inc. is not responsible for lost or misdirected mail.
* The Scholarship Committee will review all applications and make their selections during the month of April. Recipients will be contacted by one of the following letter, telephone or e-mail in mid-April.
* You must attend the awards ceremony at Coronation of The Imperial Court of Arizona, Inc. Coronation Ball, to be held the first weekend of May. This year Coronation will be held on Saturday, May 4, 2024, at DoubleTree by Hilton Hotel 2100 S Priest Dr Tempe, AZ 85282. The scholarship recipients will be announced and certificates of awards will be presented and made public.

\*\*\*If you cannot attend Coronation you will forfeit your award\*\*\*

APPLICATION CHECKLIST

**Please include:**

❑ 1 original and 1 photocopy of your application, including all attachments.

❑ 1 original and 1 photocopy of reference letters from two individuals who know your capabilities and potential for success in your educational program. Can’t be family or friends.

- If your references prefer to send letters directly, they must be postmarked by April 1st, to be considered for the following Fall Term.

❑ 1 original and 1 photocopy of your transcript from the school you most recently attended.

 - If your transcript does not reflect your abilities, explain why in your response to Question 12.

 - If your transcript is being sent separately, make sure it is postmarked by April 1st.

**Mark you calendar:**

**Terms:**

* Awards will be made payable to your school of choice. The award will be for the **Fall Semester 2024 and Spring Semester 2025**. The award will be split evenly between the two semesters. We will reach out to you for your school contact information: Name of College /University, Attention Line, mailing address, Student ID
* The award must be used within one (1) year of receipt**.**
* All information submitted to The Imperial Court of Arizona, Inc, will be held strictly confidential and will not be shared with any third party entities. We will be posting on our Scholarship page your name and school attending.

**Judging criteria:**

* Demonstrate Integrity, honesty, leadership and participation.
* Potential to achieve personal and academic goals.

***NOTE: If you are completing this in Microsoft Word, click on a highlighted field to enter information.
For check boxes, click it once to mark it and a second time to unmark it.***

**SECTION A: BASIC INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Legal Name**: |  |  |  |
|  | *Last* | *First* | *Middle Initial* |
| **Preferred Name if Different**: |  |
| Mailing Address: |         |
| City/State/ZIP: |            | County: |       |
| Permanent Street Address(*if different*): |            |
| City/State/ZIP: |        | County: |       |
| E-mail Address: |            |
| Primary Phone: | (   )            | Secondary Phone: | (   )            |
|  |  |  |  |  |  |  |  |

1. **Have you received the Bryon Wiley Memorial Scholarship before?** [ ]  Yes [ ]  No
2. **How did you learn about this scholarship?** *(Please check and describe all that apply.)*

|  |  |
| --- | --- |
| [ ]  High School Counselor | [ ]  Event:            |
| [ ]  College Financial Aid Officer | [ ]  Newspaper:            |
| [ ]  Word of Mouth | [ ]  Online Site:            |
| [ ]  Poster  | [ ]  Organization:             |
| [ ]  Other:             |
|  |

1. **The following information is required to ensure that scholarships reflect the diversity in our community:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age:  |    | Date of Birth: |       |  |
| Sexual Orientation:  | [ ]  Lesbian | [ ]  Gay | [ ]  Straight | [ ]  Bisexual |
|  | [ ]  Other *(Please explain):*       |
| Gender Identity: | [ ]  Female | [ ]  Male | [ ]  Intersex |
| *(Check all that apply)* | [ ]  Trans | [ ]  Trans Female → Male | [ ]  Trans Male → Female |
|  | [ ]  Other *(Please explain):*       |
| Racial/Ethnic Identity: |       |
| Do you have a lesbian, gay,bisexual, or transgender **parent**?  | [ ]  Yes | [ ]  No | [ ]  Unknown |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **our Full Name:** |  |  |  |
|  | *Last* | *First* | *Middle Initial* |

**SECTION C: YOUR EDUCATIONAL BACKGROUND**

1. **Please mark the highest year of education completed.**

Elementary School [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8

High School [ ]  9 [ ]  10 [ ]  11 [ ]  12 or [ ]  GED

College/University [ ]  13 [ ]  14 [ ]  15 [ ]  16 or [ ]  Postgraduate Work

1. **Please provide information about each high school, college/university, or other educational institution you have attended.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School NameCity, State | # ofYrs | ExpectedGraduation/Degree Date | Type ofDegree/Certificate | Major/Course of Study |
|              |         |            |       |       |
|            |      |       |       |       |
|            |      |       |       |       |
|            |      |       |       |       |
|            |      |       |       |       |

1. **Please check ONE of the two following boxes indicating the status of your transcripts.**

**[ ]  1 original** and **1 photocopy** of the transcript from my most recent institution are attached.

[ ]  My most recent institution is sending my transcripts directly to you.

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Full Name:** |  |  |  |
|  | *Last* | *First* | *Middle Initial* |

**SECTION D: YOUR EDUCATIONAL OBJECTIVES**

1. **Please provide the following information about the school(s) or program(s) that you will be attending, or are considering attending, during the 2024-2025 school year.**

|  |  |  |  |
| --- | --- | --- | --- |
| School NameCity, State | Degree/CertificateObjective | Planned Major(s) orCourse(s) of Study | Have YouBeenAdmitted? |
|             |       | -      -       |  [ ]  Yes [ ]  No |
|            |       | -      -       |  [ ]  Yes [ ]  No |
|            |       | -      -       |  [ ]  Yes [ ]  No |
|            |       | -      -       |  [ ]  Yes [ ]  No |

1. **Education and Career Goals: *(Your responses must fit within the space provided)***

**a. Please describe your educational goals:**

|  |
| --- |
|                                     |

**b. Please describe your career goals and interests:**

|  |
| --- |
|                                     |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Full Name:** |  |  |  |
|  | *Last* | *First* | *Middle Initial* |

**SECTION E: YOUR FINANCIAL NEED AND RESOURCES**

1. **Financial Need**

Please use the worksheet below to report and estimate your income and expenses. Generally, your school’s catalog or Web site will provide estimated expenses.

|  |  |  |
| --- | --- | --- |
| **A. KNOWN INCOME** | **January 2023thru December 2023*****(Estimated)*** | **January 2024thru December 2024*****(Anticipated)*** |
| Please name the school you currently attend and/or plan to attend.      |  |  |
|  | *School Name* | *School Name* |
|  |  |  |
| 1. Income from employment (net after taxes)
 | $            | $            |
|  |  |  |
| 1. Income from partner or spouse
 | $            | $           |
|  |  |  |
| 1. Financial support you currently receive, or expect to receive, from parents/guardians, friends or other family members
 | $            | $            |
|  |  |  |
| 1. Money you have set aside for your education (including educational IRAs, savings, etc.)
 | $            | $            |
|  |  |  |
| 1. Income from student loans for the current school year
 | $            |  |
|  |  |  |
| 1. Have you received, or been notified that you will receive, any educational scholarships or grants? [ ]  Yes [ ]  No

If **yes**, please list the names and provide the amounts: |  |  |
| * +
 | $            | $            |
| * +
 | $            | $            |
| * +
 | $            | $            |
|  |  |  |
| **Enter Total for Each Column Here:** | **$**  | **$**  |
|  |  |  |
| **B. POTENTIAL INCOME** | **January 2023thru December 2023*****(Estimated)*** | **January 2024thru December 2024*****(Anticipated)*** |
| 1. Have you applied for, or do you plan to apply for, any other scholarships or grants (including Federal Grants) but NOT received notification on them yet? [ ]  Yes [ ]  No

If **yes**, list the names and provide the amounts, if available: |  |  |
| *
 | $       | $       |
| *
 | $       | $       |
| *
 | $       | $       |
| *
 | $       | $       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Full Name:** |  |  |  |
|  | *Last* | *First* | *Middle Initial* |

|  |  |  |
| --- | --- | --- |
| **C. SCHOLARSHIP ELIGIBLE EXPENSES ¹** | **January 2023thru December 2023*****(Estimated)*** | **January 2024thru December 2024*****(Anticipated)*** |
| Please name the school you currently attend and/or plan to attend. |  |  |
|  | *School Name* | *School Name* |
|  |  |  |
| 1. Tuition and Fees (including labs, facilities, testing, etc.)
 | $            | $            |
|  |  |  |
| 1. Books and School Supplies
 | $            | $            |
|  |  |  |
| 1. **On-Campus** Room & Board
 | $            | $            |
|  |  |  |
| **Enter Total for Each Column Here:** | **$**  | **$**  |
|  |  |  |
| **D. OTHER EXPENSES ²** | **January 2023thru December 2023*****(Estimated)*** | **January 2024thru December 2024*****(Anticipated)*** |
| 1. **Off-Campus** Rent/Mortgage
 | $            | $            |
|  |  |  |
| 1. Food
 | $            | $            |
|  |  |  |
| 1. Transportation
 | $            | $            |
|  |  |  |
| 1. Personal & Incidental
 | $            | $            |
|  |  |  |
| 1. Childcare Expense
 | $            | $            |
|  |  |  |
| 1. Other Dependent Expense:
 | $            | $            |
|  |  |  |
| **Enter Total for Each Column Here:** | **$**  | **$**  |
|  |  |  |
|  |  |  |
| 1. Number of Dependents
 |  |  |
|  |  |  |
| 1. Total Outstanding Educational Loans (*through December 2024*)
 | $       |  |
|  |  |  |

***¹ This scholarship fund may only be used for items that are charged to your student account such as tuition and fees, books and supplies).  Our scholarship fund does not go directly to you; checks can only be made payable to your school to be put into your student account and used for these items.***

***² We consider your entire financial situation in determining award amounts.***

**E. Please use this space to briefly explain any special financial circumstances.
*(Your responses must fit within the space provided)***

|  |
| --- |
|                      |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Full Name:** |  |  |  |
|  | *Last* | *First* | *Middle Initial* |

**SECTION F: DISCUSSION QUESTIONS**

**The following discussion questions are a critical part of your application. Please answer EACH of them fully to the best of your ability.**

***\* NOTE: You must answer questions 10 through 12, question 13 is optional.***

**Instructions:**

* Your responses to the following questions must be submitted on separate pages. You may include more than one response on a single page. **Please attach all responses to your application in sequential order.**
* Include your full name and the page number on the top, right corner of each page.
* Include the question number and title at the beginning of each response.
* Your responses must be single-spaced using a **12-point Times font**.
* Pay close attention to the **word limit** for each response. *Exceeding the word limit will negatively impact the overall evaluation of your application.*
1. **[ ]  Activities** *(No word limit)*

Describe your most important extracurricular community and school activities, including names of organizations and the years you were involved. You may use either a résumé-style list or a brief essay to explain.

* **Community** (volunteer service, religious institution, youth groups, etc.)
* **School** (theater, clubs, sports, student government, etc.)
* **Activism** (political or initiative campaigns, activist groups, etc.)
* **Athletics**
* **Work experience**
* **Honors/awards**
1. **[ ]  Giving Back** *(No more than 500 words)*

Using experiences “from your own life”, respond to the following statement:

* **“*I will use my education for the future of our community in the following manner*…”**
1. **[ ]  Quote** *(No more than 500 words)*

A quote often has the ability to succinctly capture thoughts and feelings that deeply resonate with us due to our life experiences and future aspirations. Please share a quote that holds special meaning for you and explain why it speaks to you so powerfully. Your response should also include the name and, if possible, a brief description of the person to whom the quote is attributed.

1. **[ ]  Additional Information - Optional** *(No more than 500 words)*

Please share **anything else** you want us to know about you**.** You may also elaborate on any of your previous responses.

***PLEASE CAREFULLY REVIEW THE APPLICATION CHECKLIST AS WELL AS ALL OF YOUR ANSWERS BEFORE SUBMITTING YOUR APPLICATION***

**End of Application**